

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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<b>PROFIT CORPORATION ANNUAL REPORT 1997.</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 AUG 22 AM 10:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P96000054967 (0)**  
 1. Corporation Name  
**BIK ENTERPRISES, INC.**

Principal Place of Business <b>11 VIA AURELIA PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>11 VIA AURELIA PALM BEACH GARDENS FL 33418</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/27/1996</b>	3a. Date of Last Report
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24		25		6. Election Campaign Financing Trust Fund Contribution	
24		25		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24		25		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KASTARLAK, BULENT I                  11 VIA AURELIA                  PALM BEACH GARDENS FL 33418</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASTARLAK, BULENT I</b>	1.2 NAME	
STREET ADDRESS	<b>11 VIA AURELIA</b>	1.3 STREET ADDRESS	<b>300002277043--9</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	1.4 CITY-ST-ZIP	<b>-08/26/97--01017--013</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*Handwritten:* 8-25-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *(Signature)* DATE *012 97*

CR2E034 (4/97)

(617) 237-3200

FAX (617) 237-6959

**LEVINE, ZEIDMAN & DAITCH, P.C.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

TWO SUN LIFE EXECUTIVE PARK  
WELLESLEY HILLS, MA.  
02181

BRUCE G. LEVINE, CPA  
LAWRENCE S. NANNIS, CPA  
EDWARD LISS MANN, CPA  
JANICE M. TWOMBLY, CPA

BURTON DAITCH, CPA  
SIDNEY L. FEINBERG, CPA  
MORTON B. ZEIDMAN, CPA  
LEO COHEN, CPA

August 6, 1997

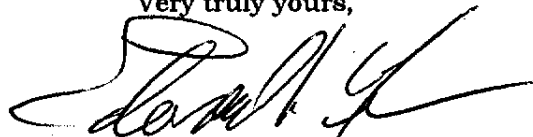
Annual Reports Filings  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: BIK Enterprises, Inc.

Ladies/gentlemen;

Enclosed you will find the 1997 annual report for the above corporation. Please be advise that a previous request for the filing of this report was not received. In accordance with instructions from your office today, we were enclosing a check in the amount of \$165, representing the annual report and corporate supplemental fee. We request your indulgence in abating the late fee.

Very truly yours,



Edward Liss Mann  
Certified Public Accountant

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